FORM **SF-SAC** (3-20-2001) U.S. DEPT. OF COMM. - Econ. And Stat. Admin. - U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
OFFICE OF MANAGEMENT AND BUDGET

Data Collection Form for Reporting on AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS For Fiscal Year Ending Dates on or After January 1, 2001														
Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."	Federal Audit Clearinghouse 1201 E. 10 th Street Jeffersonville, IN 47132													
Part I GENERAL INFORMATION (To be con	pleted by Auditee, except for Item 7)													
1. Fiscal period ending date for this submission mm / dd / yy Fiscal Period End Dates Must Be 06 30 03 On or After January 1, 2001	2. Type of Circular A-133 Audit Single audit Program-specific audit													
3. Audit Period Covered 1 X Annual 2 Biennial Other: Months	FEDERAL 4. Date Received by GOVERNMENT Federal clearinghouse USE ONLY													
5. Employer Identification Number (EIN) b. Are multiple EINs covered in this report? Yes 2 X No a. Auditee EIN 6 4 0 8 0 2 3 7 3 If Part I, Item 5b = "Yes", complete Part I, Item 5c: (Complete the continuation sheet on Page 4)														
6. AUDITEE INFORMATION	7. AUDITOR INFORMATION (To be completed by auditor)													
a. Auditee name	a. Auditor name													
Mound Bayou Public School District	Office of the State Auditor													
b. Auditee address (Number and street)	b. Auditor address (Number and street)													
201 Green Street	501 North West Street, Suite 801													
City	City													
Mound Bayou	Jackson													
State Zip+4 Code	State Zip+4 Code													
MS 38762 -	MS 39201 -													
Name	Name													
William Crockett	Rodney D. Zeagler													
Title														
	Director, Financial & Compliance Audit													
Superintendent d. Auditee contact telephone	d. Auditor contact telephone													
(662) 741 - 2555	(601) 576 - 2672 e. Auditor contact FAX (Optional)													
e. Auditee contact FAX (Optional)														
(662) 741 - 2726	(601) 576 - 2687 f. Auditor contact E-mail (Optional)													
f. Auditee contact E-mail (Optional)														
· L	www.osa.state.ms.us													

g AUDITEE CERTIFICATION STATEMENT - This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in Parts I, II, and III of this data collection form is accurate and complete. I declare that the foregoing is true and correct.

Date

Signature of certifying official

Month / Day / Yea

Printed Name/Title of certifying official

William Crockett/Superintendent

AUDITOR STATEMENT - The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III. Items 8, 9, and 10, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and is not a substitute for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information In Parts II and III of the form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.

Signature of auditor

Date

Month / Day / Year

Rudney O. zeagler

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640802373 EIN: **GENERAL INFORMATION - Continued** Part I 8. Did the auditee expend more than \$25,000,000 in Federal awards during the fiscal year? (Mark (X) one box) Х No - Skip to Part II, Item 1 Yes - Identify Cognizant Agency in Part I, Item 9 9. Indicate which Federal awarding agency provided the predominant amount of direct funding in fiscal year 2000. (Mark (X) one box) However, if cognizance has been reassigned, see instructions. Housing and National Science Agency for International Foundation Energy Urban 14 47 02 Development Development **Environmental** Transportation Agriculture Interior 20 15 10 **Protection Agency** Federal Emergency Other - Specify: Commerce Justice 16 11 Management Agency Health and Human Labor Defense 17 12 Services Education 84 FINANCIAL STATEMENTS (To be completed by auditor) Part II Type of audit report? (Mark (X) one box) Disclaimer of opinion Qualified opinion Adverse opinion Unqualified opinion 4 Is a "going concern" explanatory paragraph included in the audit report? Yes No 2. Х 1 2 If No,Skip 3. Is a reportable condition disclosed? X Yes No 2 1 to Item 5 Yes No Is any reportable condition reported as a material weakness? Х 4. 2 1 Is a material noncompliance disclosed? Yes No Part III FEDERAL PROGRAMS (To be completed by auditor) 1. Type of audit report on major program compliance Adverse opinion Disclaimer of opinion Unqualified opinion Qualified opinion Does the auditor's report include a statement that the auditee's financial 2. statements include departments, agencies or other organizational units expending greater than \$300,000 in Federal awards that have separate A-133 audits which Yes No are not included in this audit? (AICPA SOP 98-3 chapter 10) 300000 What is the dollar threshold to distinguish Type A and Type B programs? (§520(b)) 3. No Did the auditee qualify as a low-risk auditee? (§__.530) Yes Х 4. 2 Is a reportable condition disclosed for any major program? 5. If No,Skip X 1 2 to Item 7 No Yes (§__.510(a)(1)) Is any reportable condition reported as a material weakness? (§___510(a)(1)) Yes No 6. 1 2 Are any known questioned costs reported? (§_.510(a)(3)or (4)) 7. Yes X No 1 2 No Was a summary Schedule of Prior Audit Findings prepared? (§__.315(b)) Yes 8. Indicate which Federal agency(ies) have current year audit findings related to direct funding or prior audit 9. findings shown in the Summary Schedule of Prior Audit Findings related to direct funding. (Mark (X) all that apply or None) National Aeronautics & Social Security Federal Emergency Agency for Int'l 02 Management Agency Space Administration Administration Development State Agriculture General Services National Archives and 19 10 39 RQ Records Admin Transportation Administration Appalachian 20 23 Regional Commission Health and Human Treasury 21 93 National Endowment Services for the Arts United States Commerce Housing and Urban 82 11 Information Agency Development National Endowment Corp for National and for the Humanities Veterans Affairs Community Service Institute for 03 64 Defense Museum Services None National Science 00 12 Foundation Other - Specify: Education Interior 15 Justice Energy Office of National 16 81 **Drug Control Policy** Labor Environmental 17 66 Small Business Admin **Protection Agency** Legal Services Corp 09 Each agency identified is required to receive a copy of the reporting package. In addition, one copy each of the reporting package is required for: X and, if not marked above, the cognizant agency (if identified in Part I, Item 9)

Part III FEDERAL PROGRAMS - Continued															
10. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR												11. AUDIT FINDINGS			
CFDA Number (a)		Research and Develop-		d l	Name of Federal Program	Amount expended			Direct award			Maj rogi	or ram	Types of compliance requirement(s) ³	Audit finding reference number(s) ⁴
Agency Prefix ¹	Extension ²	ment (b)			(c)	(d)			(e)			(f)	(a)	(b)
10 .	550	1 2	×	Ye s No	FOOD DONATION	41422	.00	1	X	Yes No	1	X	Yes No	O	N/A
10 .	553	1 2	 Х	Ye s No	SCHOOL BREAKFAST PROGRAM	150598	.00.	1	×	Yes No	1	X	Yes No	0.	N/A
10 .	555	1 2	x	Ye s No	NATIONAL SCHOOL LUNCH PROGRAM	139861	.00	1 2	x	Yes No	1 2	×	Yes No	o.	N/A
10 .	559	1 2	X	Ye s No	SUMMER FOOD SERVICE PROGRAM FOR CHILDREN	24718	.00	. 1 2	X	Yes No	1 2	X	Yes No	0.	N/A
84 .	040	1 2	×	Ye s No	IMPACT AID - FACILITIES MAINTENANCE	5705	.00	1 2	X	Yes No	1 2	 X	Yes No	0.	N/A
84 .	287	1 2	X	Ye s No	TWENTY-FIRST CENTURY COMMUNITY LEARNING CENTERS	80208	.00	1 2	X	Yes No	1	X	Yes No	0.	N/A
84 .	010	1 2	x	Ye s No	TITLE I - GRANTS TO LOCAL EDUCATIONAL AGENCIES	425900	.00	1 2	X	Yes No	1 2	X	Yes No	0.	N/A
84 .	048	1 2	X	Ye s No	VOCATIONAL EDUCATION - BASIC GRANTS TO STATES	19080	.00	1 2	 X	Yes No	1	×	Yes No	o. ·	N/A
84 .	186	1 2	X	Ye s No	SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES - STATE GRANTS	3690	.00	1	×	Yes No	1 2	×	Yes No	о.	N/A
84 .	298	1 2	×	Ye s No	INNOVATIVE EDUCATION PROGRAM STRATEGIES	5092	.00		X	Yes No	1 2	×	Yes No	О.	N/A
TOTAL FEDERAL AWARDS EXPENDED							.00	17	AD: ATT	DITIONA 'ACH ADL	L LIÑ DITIC	IES I	ARE NËI . PAGES	EDED, PLEASE USE TH TO THE FORM, AND	IÈ EXTRA PAGE 3 FILE, SEE INSTRUCTIONS,

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U. FEL). FEDERAL AWARDS EXPENDED DURING FISCAL YEAR CFDA Number Research Name of Federal Amount Direct award Major												11. AUDIT FINDINGS		
Federal	CFDA Number (a)		Research and Develop-		Name of Federal Program	Amount expended			Direct award			maj rogr		Types of compliance requirement(s) ³	Audit finding reference number(s) ⁴ (b)
Agency Prefix ¹	Extension ²		ment (b)		(c)	(d)			(e)		(f)				
		1 2	 X	Yes No	EDUCATION TECHNOLOGY STATE GRANTS	5769	.00	1	x	Yes No	1 2	×	Yes No	Ο.	N/A
34 .	348	1 2	 X	Yes No	TITLE I ACCOUNTABILITY GRANTS	47419	.00	1 2	x	Yés No	1 2	×	Yes No	0.	N/A
34 .	358	1 2		Yes No	RURAL EDUCATION ACHIEVEMENT PROGRAM	12077	.00	1 2	×	Yes No	1 2	×	Yes No	0.	N/A
84 .	367	1 2		Yes No	IMPROVING TEACHER QUALITY - STATE GRANTS	73995	.00	1	 X	Yes No	1	X	Yes No	0.	N/A
84 .	027	1 2	 X	Yes No	SPECIAL EDUCATION- GRANTS TO STATES	196420	.00	1 2	 X	Yes No	1	x	Yes No	О.	N/A
84 .	173	1 2	X	Yes No	SPECIAL EDUCATION - PRESCHOOL GRANTS	12189	.00	1 2		Yes No	1 2	×	Yes No	0.	N/A
93 .	938	2	 X	Yes	COOPERATIVE AGREEMENTS TO SUPPORT COMPREHENSIVE SCHOOL HEALTH PROGRAMS TO PREVENT THE SPREAD OF HIV AND OTHER IMPORTANT HEALTH PROBLEMS	6000	.00	1	×	Yes	2			o.	N/A
		1 2		Yes No			.00	1		Yes No	1 2		Yes No		
		1 2	ļ	Yes No			.00	1 2		Yes No	1		Yes No		
•		1 2		Yes			.00	1 2		Yes No	1 2	ļ	Yes No		

¹See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

²Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

³Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under § ____510(a)) reported for each Federal program.

¹See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

²Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

³Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under §___.510(a)) reported for each Federal program. F. Equipment and real property management
G. Matching, level of effort, earmarking
H. Period of availability of Federal funds
I. Procurement and suspension and debarment Real property acquisition and relocation assistance 0. None Activities allowed or unallowed A. B. Other Allowable costs/cost principles Reporting Ĉ. Cash management M. Subrecipient monitoring Ď. Davis - Bacon Act

Program Income

Special tests and provisions

⁴N/A for None

Eligibility

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